



City of Long Beach
Working Together to Serve

City of Long Beach
Department of Health and Human Services

Request for Proposals EP-05
(RFP EP-05)

for HIV/AIDS Prevention Services

Funded by
the State of California Department of Health Services
Office of AIDS

Release Date: August 15, 2005

Due Date: September 15, 2005 – 4:00 p.m.

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REQUEST FOR PROPOSAL EP-05 (RFP EP-05)

The City of Long Beach Department of Health and Human Services (Health Department) announces the availability of funds to support local HIV/AIDS prevention needs. Interested individuals/agencies may obtain an RFP between 8 a.m. and 5 p.m., August 15, 2005 through September 15, 2005 at the Long Beach Department of Health and Human Services, 2525 Grand Avenue, Long Beach, California, Room 201. The RFP may be downloaded from the Health Department's website at www.longbeach.gov/health.

TIMELINE

| <u>Date</u> | <u>Activity</u> |
|---|---|
| Monday, August 15, 2005 | RFP Released |
| Thursday, August 25, 2005; 10:00 a.m. - 12:00 p.m. 2525 Grand Ave Room 204 | Bidders' Conference |
| Thursday, September 15, 2005; 4:00 p.m. | Applications Due at 2525 Grand Avenue Room 201 only (No exemptions) |
| Wednesday, September 21, 2005; 2:00-5:00 p.m. | Expert Review Panel Evaluation of Proposals |
| Friday, September 23, 2005 | Summary Sheets Outlining Funding Recommendations Faxed to Each Applicant |
| Tuesday, October 4, 2005 (tentative) | Long Beach City Council Approval of Contracts |
| November 1, 2005 | Contract Services Begin |

BACKGROUND INFORMATION

In 1994, the State of California Department of Health Service Office of AIDS convened a statewide advisory body, the Community Planning Working Group, in an effort to improve California's HIV prevention efforts. One of the major changes recommended by the Working Group was to move away from a Statewide Request for Proposal method for the allocation of local prevention funding. In its place, a formula allocation process to local health jurisdictions was recommended. The purpose of this change was to assure that prevention funding is appropriately directed to the populations most at risk in a particular community. These recommendations were accepted by the CA Department of Health Services, Office of AIDS.

In preparation for this change, the Office of AIDS required that each local health jurisdiction in the State convene a local HIV prevention community planning body for the purpose of developing a comprehensive local HIV prevention plan. The Long Beach HIV Prevention Community Planning Committee, a standing committee of the Long Beach HIV CARE Consortium, was established for this purpose and developed the *HIV Prevention Plan for Long Beach* in December 1995.

In January 1999, the Long Beach HIV CARE Consortium and the Long Beach HIV Prevention Community Planning Committee merged into a single local implementation body known as the "Long Beach Comprehensive HIV Planning Group" (Planning Group). The Planning Group provides collaborative HIV care and prevention planning for the City of Long Beach. The first project of the Planning Group was the development of a comprehensive HIV plan for Long Beach; this plan updated and combined the existing care and prevention plans.

This RFP will allocate funds to local providers for the delivery of education and prevention services consistent with the priorities identified in the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings*. Applicants are encouraged to review the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings* and the *Long Beach HIV/AIDS Care and Prevention Needs Assessment* prior to preparing a proposal. Interested individuals/agencies may obtain copies of these reports, Monday – Friday, 8 a.m. to 5 p.m. at the Long Beach Department of Health and Human Services, 2525 Grand Avenue, Long Beach, California, Room 201. Please note that the *Long Beach HIV/AIDS Care and Prevention Needs Assessment* is available on the Health Department's website. No hard copies of this report will be provided to applicants.

BIDDER'S CONFERENCE

On Thursday, August 25, 2005, the Health Department will hold a Bidder's and Technical Assistance Conference from 10:00 a.m. – 12:00 p.m. at 2525 Grand Avenue, Long Beach, California, Room 204. While attendance at the Bidder's/Technical Assistance Conference is not mandatory, it is highly recommended as it will be the only opportunity to obtain additional information regarding the RFP. Individuals or agencies may submit questions in writing prior to the Bidder's/Technical Assistance Conference to the following address: City of Long Beach Department of Health and Human Services, 2525 Grand Avenue, Long Beach, California 90815, Attention: Nettie DeAugustine. Questions may also be submitted prior to the Conference by facsimile at 562-570-4374. Questions submitted after the Conference will not be answered.

Responses to all questions submitted in advance and asked at the Bidder's Conference will be faxed or mailed to all individuals or agencies that have requested an RFP.

FUNDING

Total Amount Available for Bid in RFP EP-05

\$100,00 for HIV Prevention and Education Programs

Funding Period

RFP EP-05 is for the project period, November 1, 2005-June 30, 2007. Contracts may be renewed for up to two additional years contingent upon continued prevention funding, contractor performance and Planning Group priorities. Applicants must submit a scope of work for an initial funding period of 8 months from November 1, 2005 through June 30, 2006 with a pro-rated budget of \$66,664. Upon successful completion of scope of work objectives and availability of funding from CA DHS Office of AIDS, the contractor will be asked to submit a revised scope of work and budget for July 1, 2006-June 30, 2007.

FUNDING PRIORITIES

HIV Prevention and Education Programs

Priority target populations and strategies and interventions funded under this RFP will be consistent with those established by the Long Beach Comprehensive HIV Planning Group and contained in the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings and the Long Beach HIV/AIDS Care and Prevention Needs Assessment*. Examples of HIV prevention services include partner counseling and referral services, prevention case management, health communication and public information, and risk reduction counseling.

Target Populations

The Planning Group identified four priority target populations that are listed below in alphabetical order. Additionally, the Planning Group strongly believes that people of color, people living in poverty, and youth, age 30 and younger, have less access to, or experience more barriers to accessing, services and resources, and therefore believes that these populations should be emphasized within each priority category when appropriate.

Applicants must submit a proposal for services to one or more of the below referenced target populations. Applicants who submit proposals for populations not specified below will not be considered.

Drug Users

Definition: Individuals who misuse drugs of any type including injected drugs, non-injected drugs and alcohol.

Indicators/Cofactors:

- Sex for drugs, money or survival
- Multiple drug and/or sex partners

High-Risk HIV Positive Individuals

Definition: Individuals who are aware of their positive HIV status and still engage in unsafe behaviors, including sharing needles and equipment and/or having unprotected sex.

Indicators/Cofactors:

- Substance misuse
- Sex for money, drugs or survival
- Multiple drug and/or sex partners

High-Risk Women

Definition: Women who engage in unsafe sex or drug practices, or women who have a sex or drug use partner at risk.

Indicators/Cofactors:

- Substance misuse
- Sex for money, drugs or survival
- Multiple drug and/or partners
- STD
- Post-incarcerated partners
- MSM partner
- Victims of sexual or physical abuse
- Lack of healthcare utilization

Men Who Have Sex With Men (MSM)

Definition: All men who have sex with men. Includes self-identified gay or bisexual men as well as men who have, or have had, male-to-male sex but identify as heterosexual.

Indicators/Cofactors:

- Substance misuse
- Multiple partners
- Sex for drugs, money or survival
- Sexually transmitted disease (STD)

Strategies and Interventions

The Planning Group developed the following guidelines to assist providers in selecting the most effective and appropriate interventions. Applicants must adhere to these guidelines in selecting strategies and interventions. Applicants are encouraged to review the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings* when selecting strategies and interventions.

HIV prevention programs will:

- Have explicit goals and measurable objectives that relate to, and support, the broader goals and objectives set forth in this prevention plan;
- Be aligned with the continuum of prevention services articulated in the *Long Beach HIV/AIDS Care and Prevention Needs Assessment*
- Develop and implement a program evaluation that relates to the project's goals and objectives;
- Be client-centered – representatives of the targeted population will participate in the development, implementation and evaluation of the intervention;
- Be culturally sensitive, linguistically appropriate, and literacy-level specific;
- Have demonstrated empirical support or be consistent with a sound theoretical approach to behavior change;
- Make available directly or through collaboration the tools necessary to prevent HIV transmission, such as condoms, bleach or sterile injection equipment; and,

- Include components that help maintain change and provide positive reinforcement to individuals for their successful behavior change.

In addition, the CDC offers evidence-based guidelines on prevention strategies for combating HIV/AIDS. Applicants must propose interventions that are research-based. Furthermore, applications must describe in their proposals studies that support their proposed interventions. For more information on the CDC's guidelines on HIV/AIDS prevention and education, visit, <http://www.cdc.gov/hiv/dhap.htm>

The CDC offers the following guiding principles for HIV prevention programs (full reports are available online at the CDC website):

- Access to voluntary HIV counseling, testing, and partner counseling is critical
- Reaching HIV-infected individuals and linking them with care and treatment is a priority
- Comprehensive efforts are needed for reducing sexual risk behaviors
- Comprehensive efforts are needed for reducing drug-related behaviors
- Comprehensive programs for youth are essential
- Improved prevention programs in correctional facilities are needed
- Continued efforts are needed for reducing occupational risks of health care workers
- Confidentiality must remain paramount
- Sound public health policy must be the goal

AGENCY ELIGIBILITY

In order for an agency to be eligible to apply it must meet **all** of the requirements referenced below.

Service Location and Client Residency (Attachment H, form provided)

The agency must certify that it is located in Long Beach and that a majority of its prevention clients are from the Greater Long Beach area (i.e., Long Beach, Bellflower, Lakewood, Wilmington).

Non-Profit Status (Attachment I, form provided)

The agency must be a non-profit agency with current 501(c) 3 status. Each proposal must include appropriate documentation of such status.

Financial Stability (Attachment J, form provided)

The agency must certify that it has the ability to operate the proposed program for 90 days without reimbursement.

REQUIREMENTS FOR AGENCIES THAT RECEIVE FUNDING

Each agency that is awarded prevention funding must supply the following information and/or adhere to the requirements listed below. **These documents should not be submitted with the Proposal.**

Revised Budget

The Health Department will conduct budget discussions with each funded agency after funding amounts have been determined. A revised budget shall be prepared to conform to the award amount. The Health Department's decisions regarding utilization of funds shall be final.

Revised Scope of Work

The Health Department will conduct scope of work discussions with each funded agency after funding amounts have been determined. A revised scope of work shall be prepared to accurately reflect the work to be completed with the revised budget.

Quarterly Progress Reports

Each funded agency shall submit quarterly progress reports. These reports shall include information on clients served and shall outline progress made toward goals and objectives as stated in the agency's revised scope of work.

Monthly Invoices

Each funded agency shall submit monthly invoices. Monthly invoices shall outline costs incurred toward the completion of the agency's revised scope of work and shall conform to the agency's revised budget.

Insurance Requirements

Each funded agency shall hold and submit to the Health Department certificates of the following insurance coverage, as required by the City of Long Beach.

- Comprehensive general liability insurance not less than \$1 million.
- Workers' Compensation insurance as required by the Labor Code of the State of California.
- Professional liability insurance not less than \$1 million.
- Automobile liability insurance not less than \$500,000.

Miscellaneous State Requirements

Each funded agency shall adhere to State requirements regarding Equal Employment Opportunity, Drug-Free Workplace, Americans with Disabilities Act, and Environmental Tobacco Smoke. Subcontracts shall outline each agency's obligation to sign certifications and/or develop procedures to insure compliance with the aforementioned State requirements.

PROPOSAL REQUIREMENTS

All proposals must be submitted in the following format and **MUST** include all required forms and narratives as outlined in this RFP. Proposals not conforming to RFP standards will be rejected by the Preliminary Review Panel and will not receive further consideration for funding.

Submission

Submit a single-sided original and seven copies of your proposal to:

City of Long Beach Department of Health and Human Services
Preventive Health Bureau, Room 201
2525 Grand Avenue
Long Beach, CA 90815

Attn: Nettie DeAugustine, Preventive Health Bureau Manager

Do not submit proposals bound. Submit original and each copy stapled in the upper left-hand corner.

Proposals must be received by the Health Department no later than 4 p.m., Thursday, September 15, 2005. Late and/or faxed proposals will not be accepted. Proposals must be mailed or delivered to 2525 Grand Avenue, Long Beach, CA 90815 Room 201.

Format

All proposals must be written in English and assembled in the format and order described below. Narrative sections must be properly labeled and submitted single-spaced on 8½ inch by 11 inch paper with one inch margins. Font size must be no smaller than 10-point.

Page limits for narrative sections, as outlined in this RFP, are absolute. **Any narrative which exceeds the established maximum length will be crossed out and reviewers will be instructed not to consider this information when evaluating the proposal.**

All pages must be numbered sequentially and a Table of Contents must be included. A proposal checklist is included herein as Exhibit 5 to assist bidders in organizing their proposals.

Project Period

Proposals must be submitted for the initial 8-month project period, November 1, 2005-June 30, 2006. Contracts may be renewed for up to two additional years contingent upon continued prevention funding, satisfactory contractor performance in the sole opinion of the City, and Planning Group priorities.

Proposal Cover Sheet (Attachment A, form provided)

The Proposal Cover Sheet consists of general information about the agency and provides space for a description of the proposed project. If the agency is funded, this description will be used to describe the project in all publicity and reports.

Agency Capability (Attachment B, form provided)

This is a narrative not to exceed two pages. Agencies shall demonstrate that they are capable of providing effective, high quality HIV prevention services. This narrative shall include the following information:

- HIV prevention and related services currently provided
- Experience providing the proposed services and any related services
- History serving proposed population. Applicants must demonstrate at least 3 years of experience targeting and successfully engaging intended target risk groups.
- Evidence of success in delivering services to target populations
- Ability to conduct program evaluation and quality management
- Ability to coordinate activities with other providers of related services

Program Description (Attachment C, form provided)

This is a narrative not to exceed four pages. This narrative shall include the following information:

- Description of the population to be served and demonstration of the population's need for the proposed services
- Description of intervention strategies to be used and their relevance to the strategies and interventions guidelines contained in this RFP and in the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings and the Long Beach HIV/AIDS Care and Prevention Needs Assessment*
- Description of how the proposed intervention strategies fit within the continuum of prevention services outlined in the *Long Beach HIV/AIDS Care and Prevention Needs Assessment*

- Explanation of the proposed project and its relevance to priorities described in the *Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings and the Long Beach HIV/AIDS Care and Prevention Needs Assessment*
- A service delivery plan with realistic and appropriate scope of work in relation to program staffing and requested funding
- Description of similar prevention services being provided in the Long Beach area and justification for the provision of additional similar services
- Description of an evaluation plan that relates to the project's goals and objectives

Scope of Work (Attachment D, form provided)

There is no page limit for this section. The scope of work must correspond with the agency's service delivery plan as outlined in the Program Description. The scope of work must be prepared for the initial 8-month project period (November 1, 2005-June 30, 2004). The scope of work shall include specific goals, measurable objectives, activities, timelines, and methods of evaluating progress toward meeting stated goals and objectives.

Scope of Work requirements and definitions of the above terms are outlined below.

Goal 1:

Definition: Indicate what your project hopes to accomplish. The goal should reflect the long-term desired impact of the project on individuals, the community as a whole, or other target groups.

Example: To see significant reductions in new infections among African American MSMs and African American gay and bisexual youth.

Objective 1A:

Definition: Indicate the measurable and time-specific result the project expects to accomplish. The objective should include the number of persons benefiting and estimated timeframe for completion.

Example: Subcontractor XYZ will conduct 10 skills-building workshops in order to increase negotiation of safer sex and needle-sharing practices of the target group by June 15, 2006.

Intervention Description for Objective #1A:

Complete the following sections to description the intervention.

a. Summary:

Definition: Provide a brief summary of the intervention.

Example: "SAFER," a skills-building workshop, will be conducted locally in various venues frequented by African American MSMs, gay, and bisexual youth. This workshop will include safer sex and needle-sharing negotiations such as condom usage and cleaning needles.

b. Type of Intervention:

Definition: Select the type of intervention from the following list:

Group Level Intervention

Health Communication/Public Information

Individual Level Intervention

Targeted Prevention (also known as Outreach)

Prevention Case Management

Example: For this intervention, select Group Level Intervention.

c. Risk Population/Target Size:

Definition: Indicate the target audience and the number of contacts to be made.

Example: 100 African American MSMs

d. Key Activities:

Definition: Describe the critical steps of implementing the intervention. This includes what is being done, who is doing it, and when it is being done.

Example:

- d.1. By August 1, 200_, develop promotional materials to be used in outreach activities for marketing the workshops.
- d.2. By September 1, 200_, develop and refine curriculum for workshop.
- d.3. Conduct screening of potential workshop participants, including an orientation and risk assessment. This activity is ongoing.
- d.4. Conduct workshops. This activity is ongoing.
- d.5. Administer qualitative client satisfaction surveys at the onset and closure of the workshops.
- d.6. By June 30, 200_, conduct follow up sessions.

e. Evaluation:

Program evaluations should address five broad questions:

- e1. Is the project/program/intervention reaching the appropriate target population?
- e.2 Is it being implemented in the ways specified?
- e.3 Is it effective?
- e.4 How much does it cost?
- e.5 What are its costs relative to its effectiveness?

The two types of evaluation that are most often used on program evaluation are process evaluation and outcome evaluation. Process evaluation is an evaluation that provides documentation on what is going on in a program. This evaluation primarily looks at the program's objectives and activities. A primary function of process evaluation is to provide data on the extent to which a program's objectives are achieved. Process evaluations can also answer questions about a program's activities and offer insight into a program's implementation and management. Outcome evaluation is an evaluation that assesses the overall effectiveness of a program in producing favorable behavioral effects in the target population. This type of evaluation measures the program's impact; that is, the scope of its effects, the duration of its outcomes. Its principal purpose is to determine whether changes have occurred over time in the areas defined in the intervention plan and if the changes can be attributed to the program.

Describe the program evaluation for this intervention.

Continue as necessary for additional goals and objectives.

Budget (Attachment E, form provided)

There is no page limit for this section. The budget shall outline anticipated costs incurred toward the completion of program goals and objectives as stated in the program description and scope of work. The five budget categories, and instructions for completing the budget, are outlined below. Budgets must be prepared for the initial 8- month project period (November 1, 2005-June 30, 2006).

Personnel

Include all personnel costs necessary to operate the proposed project. Personnel costs should be listed by job title (not employee name) indicating monthly salary range or hourly rate range, the percentage of full time equivalent (FTE) that each position will be utilized, and the total amount requested per position for the project period. Resumes of proposed program staff must be included in the application.

Fringe Benefits

Fringe benefits may include, but are not limited to, unemployment insurance, retirement, health insurance, and paid leave, and should be expressed as a percentage of total personnel costs.

Indirect Costs

Indirect costs are costs which are not directly attributed to the proposed project but are incurred by the agency in the implementation of program activities. Examples of indirect cost include, but are not limited to, utilities, janitorial services, insurance, and bookkeeping services. Indirect costs may not exceed 15% of total Personnel Expenses.

Operating Costs

Operating expenses include office supplies, printing and duplication, postage, mileage, and other related expenses. These must be listed separately, with an estimated cost assigned to each, as well as a total supplies amount. Mileage reimbursement shall not exceed \$0.34 per mile.

Equipment

Equipment is an article of non-expendable, tangible personal property having a useful life of three or more years and an acquisition cost of \$1,000 or more per unit. Examples of equipment may include, but are not limited to, copy machines, computers, audiovisual equipment, etc.

Budget Justification (Attachment F, form provided)

There is no page limit for this section. An agency must list and justify each line item's inclusion in the budget and describe how the line item supports the proposed project.

Personnel Costs

Describe staffing responsibilities, the percent FTE, and the rate at which the position is compensated for each position listed in the budget.

Fringe Benefits

Express as a percentage of Personnel Costs, and give a brief description of what costs are included.

Indirect Costs

Explain the types of costs that will apply to indirect and justify the rate expressed in the budget.

Operating Costs

List and briefly explain each line item and include an estimated monthly or per unit amount.

Equipment

List each item, its estimated cost, and its proposed use.

Letters of Intent or Justification for No Letters of Intent (Attachment G or G1, forms provided)

There is no limit to the number of Letters of Intent that may be submitted. Letters of Intent must correspond with agency's ability to coordinate activities with other providers as described in the Agency Capability. If collaboration and/or coordination with other agencies is described in the Program Description, Letter of Intent supporting the collaboration must be provided. Letters of Intent will only be accepted on the form provided herein as Attachment G. If an agency is not coordinating or collaborating with any other agencies in the delivery of the proposed prevention services (not submitting any Letters of

Intent), an explanation for why coordination/collaboration is not necessary must be provided on Attachment G1.

Service Location and Client Residency (Attachment H, form provided)

The agency must certify that it is located in Long Beach and that a majority of its prevention clients are from the greater Long Beach area (i.e., Long Beach, Bellflower, Lakewood, Wilmington).

Proof of Non-Profit Status (Attachment I, form provided)

Each proposing agency must include proof of non-profit 501(c)3 status. The form contained in Attachment I must be included in the proposal and appropriate supporting documentation must be included with Attachment I.

Certification of Financial Stability (Attachment J, form provided)

Each proposing agency must certify that it has the ability to operate the proposed program for 90 days prior to reimbursement for services.

Three References (Attachment K, form provided)

All applicants must provide 3 references with their completed applications. References should be:

- An organization that has a current or past contractual relationship with the applicant.
- An organization that has a collaborative relationship or signed Memorandum of Understanding with the applicant.
- All references must have the organization's name, contact person and title, telephone number and address.

PROPOSAL CONDITIONS

Compliance with RFP

Responses to this RFP shall be made according to the stated specifications and instructions. Failure to adhere to any instructions shall be cause for rejection of a proposal.

Acceptance of Terms and Conditions

Applicants understand and agree that submission of a proposal shall constitute acknowledgement and acceptance of, and a willingness to, comply with all of the terms and conditions contained in this RFP. Should an applicant be awarded funding, it shall provide to the Health Department any necessary additional documentation (i.e., job descriptions for funded positions, copy of applicable licensure, a listing of the agency's Board of Directors, etc.).

Truth and Accuracy

False, incomplete, or unresponsive statements in connection with a proposal will be sufficient cause for rejection of the proposal. The evaluation and determination of the fulfillment of this requirement shall be in the sole judgment of the Health Department and shall be final.

Health Department Changes to RFP

The Health Department reserves the sole right to interpret or change any provision of the RFP at any time prior to the proposal submission date. Such interpretations or changes shall be in the form of a written addendum to this RFP. Such addenda shall become part of this RFP and part of any resultant agreement. Such addenda shall be made available to each person or agency that has received an RFP. Should such

addenda require information not previously requested, the Health Department, at its sole discretion, may determine that a time extension is required for the submission of proposals, in which case an addendum will indicate the new proposal submission date.

Compliance with Applicable Laws

Notwithstanding any other provision of this RFP, each applicant shall assure that the proposal prepared and submitted complies with all applicable Federal, State, and local laws, ordinances, regulations, directives, and licensing requirements, as such provisions exist now or in the future.

Disclosure of Contents of Proposals

All proposals in response to the RFP shall become the exclusive property of the Health Department. At such time as the Health Department recommends a contract, all proposals shall become a matter of public record, with the exception of those parts of each proposal that are defined by the applicant as business or trade secrets and plainly marked "trade secret," "confidential," or "proprietary." The Health Department shall not in any way be liable or responsible for the disclosure of any such records, or any parts of such records, if disclosure is required or permitted under the California Public Records Act or otherwise by law.

Cost of Proposals

The Health Department shall not be in any way liable or responsible for any cost incurred in connection with the preparation or submission of any proposal submitted in response to this RFP.

Changes or Alterations

Applications shall not change the wording of or any materials to their proposals after they have been submitted. Proposals subject to conditions or limitations specified by applicants may be deemed irregular and may be rejected.

Disclaimer

There is no guarantee that the submission of a proposal will result in funding, nor that funding will be allocated at the requested level. Final contract provisions will take precedence over information contained in the application. Receipt of funding requires that subcontractor comply with any programmatic changes from the State of California Department of Health Services Office of AIDS in regard to HIV prevention funding. Contracts are not final until approved by the Long Beach City Council at one of its regularly scheduled meetings.

EVALUATION

Pass/Fail Evaluation

A pass/fail evaluation will be conducted by a screening committee comprised of two Health Department staff. Screening committee members shall sign a "No Conflict of Interest" form (Exhibit 1) certifying that they are not in conflict of interest with any of the proposing agencies. The screening committee shall review all proposals to insure that:

- The agency is an eligible provider as defined in this RFP
- The proposal is in the proper format
- The proposed service qualifies as an eligible service area as defined in this RFP
- The proposal contains all required forms and narratives as outlined in this RFP

Proposals receiving a determination of "fail" will not receive further consideration. There will be no exceptions.

Expert Review of Proposals

The Health Department shall select a panel of experts to review the proposals. The Expert Review of Proposals will consist of two phases – individual review and facilitated discussion.

Selection and Composition of Review Panel

The Review Panel shall be comprised of five experts in the field of HIV prevention service delivery, including one HIV-positive individual, and not more than one individual residing or providing HIV prevention services in Long Beach. Efforts will be made to select an ethnically, culturally, and gender diverse panel of advocates or representatives of the priority target populations defined in this RFP. Review panel members shall sign the No Conflict of Interest form (Exhibit 1) certifying that they are not in conflict of interest with any of the proposing agencies. The names of Review Panel members will not be disclosed to the public, the Planning Group, or the applicants.

Past Performance Review

For applicants who have previously received City of Long Beach Health Department funding, past performance will be considered. This review will be conducted by the Health Department and will consider the degree of satisfactory past performance and compliance with grant requirements.

Individual Review

In preparation for the facilitated discussion, each Review Panel member shall individually review all proposals that have passed the Pass/Fail Evaluation. Review Panel members will be given review instructions, contained herein as Exhibit 2. Each reviewer shall assign a score to each proposal utilizing the scoring instrument and point scale (100 points possible) included herein as Exhibit 3.

Facilitated Review

After individually reviewing the proposals and assigning individual scores, strengths, and weaknesses to each, Review Panel members will meet as a group to discuss the proposals and develop funding recommendations. This evaluation phase will be co-facilitated by the Fiscal Agent and a representative of the Planning Group. The co-facilitators will provide instructions and technical assistance to the Review Panel to insure that the process is consistent with RFP guidelines.

The Facilitated Review stage will begin with a discussion of individual scores, strengths, and weaknesses. The Review Panel will then develop a composite score for each proposal, based on the outlined criteria, individual scores, and the discussion of individual scores. A consensus among the Review Panel must be reached as there will be only one composite score assigned to each proposal.

After composite scores are assigned to each proposal, the Review Panel will develop composite strengths and weaknesses. Like the composite scores, composite strengths and weaknesses shall be based on the criteria outlined in the RFP and a consensus of the Review Panel members.

The Review Panel shall then develop funding recommendations based on the funding priorities outlined in this RFP and the quality of the proposals. The Review Panel shall make recommendation as to which proposals are to be funded and the amount to be allocated to each. An agency must receive a minimum score of 50 points in order to be recommended for funding.

The Review Panel will then complete a Summary Sheet (Exhibit 4) for each agency, outlining funding recommendations, a composite score, and composite strengths and weaknesses. Review panel members will sign a certification citing agreement with the funding recommendations and composite scores, strengths and weaknesses as displayed on the Summary Sheet.

Summary Sheets will indicate whether the agency passed or failed the Pass/Fail Evaluation. A reason for "fail" rating on Pass/ Fail Evaluation will be provided.

GRIEVANCE PROCEDURE FOR GRANT APPLICANTS

A grievance exists when an applicant believes there is a dispute arising from the Health Department's action in awarding or failing to award a grant. Only non-funded applicants that submit a timely application that complies with the RFA instructions may file an appeal. Appeals are limited to the grounds that the Health Department failed to correctly apply the standards for reviewing applications in accordance with the RFA. Applicants may only appeal the process, not the funding decision. Applicants may not appeal solely on the basis of funding level. There is no appeal process for late or substantially incomplete applications.

Written letters appealing the Health Department's final award selections must be received **no later than Wednesday, September 28, 2005**. The written appeal must fully identify the issue(s) in dispute, the practice that the appellant believes the Health Department has improperly applied in making its award decision(s), the legal authority or the basis for the appellant's position, and the remedy sought.

Appeal letters should be hand delivered to Cheryl Barrit, Prevention Services Officer, 3820 Cherry Avenue, Long Beach, CA.

Only timely and complete appeals that comply with the instructions herein may be considered. At its sole discretion, the Health Department reserves the right to collect additional facts or information to aid in the resolution of any appeals.

The managers of the Preventive Health Bureau and the Support Services Bureau of the Health Department shall review each timely and complete appeal and may resolve the appeal by either considering the contents of the written appeal letter or, at their discretion, by holding an oral appeal hearing.

The decision of Preventive Health Bureau Manager and the Support Services Bureau Manager shall be final and there will be no further administrative appeal.

ATTACHMENTS A – K

City of Long Beach Department of Health and Human Services

RFP EP-05

Page 18

Attachment A
Proposal Cover Sheet
RFP EP-05

| | |
|---|--|
| Agency Name | |
| Agency Address <i>Street, City, Zip code</i> | |
| Telephone | |
| Fax Number | |
| E-Mail Address | |
| Proposal Contact Person | |
| Agency Director | |

| | |
|-------------------|--|
| Project Title | |
| Funding Requested | |

Proposed Target Population:

check all that apply

| | | | | | | | | | |
|------------|--------------------------|---------------------------------|--------------------------|------------------------------------|--------------------------|-----------------|--------------------------|---------------------------------------|--------------------------|
| Drug Users | <input type="checkbox"/> | Men who Have Sex with Men (MSM) | <input type="checkbox"/> | High Risk HIV Positive Individuals | <input type="checkbox"/> | High Risk Women | <input type="checkbox"/> | Other High Risk Group: Specify: _____ | <input type="checkbox"/> |
|------------|--------------------------|---------------------------------|--------------------------|------------------------------------|--------------------------|-----------------|--------------------------|---------------------------------------|--------------------------|

| | |
|---------------------------|--|
| Agency Director Signature | |
|---------------------------|--|

Proposal Description

| |
|--|
| |
|--|

Attachment B
Agency Capability
(2 pages)

Attachment C
Program Description
(4 pages)

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Attachment D
Scope of Work

| | |
|---------------|--|
| Agency Name | |
| Project Title | |

Goal 1:

Objective 1A:

- a. Summary:
- b. Type of Intervention:
- c. Risk Population/Target Size:
- d. Key Activities:
- e. Evaluation:

Objective 1B:

- a. Summary:
- b. Type of Intervention:
- c. Risk Population/Target Size:
- d. Key Activities:
- e. Evaluation:

{Add additional goals and objectives as appropriate}

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**Attachment E
Budget**

| | |
|---------------|--|
| Agency Name | |
| Project Title | |

| CATEGORY | AMOUNT |
|---|--------|
| Personnel | |
| Fringe Benefits | |
| Total Personnel | |
| Indirect (maximum 15% of Total Personnel) | |
| Operating Costs | |
| Equipment | |
| TOTAL | |

Attachment F
Budget Justification
(No Page Limit)

**Attachment G
Letter of Intent**

Proposing Agency

| | |
|-----------------------|--|
| Agency Name | |
| Address | |
| City, State, Zip code | |

Cooperating Agency

| | |
|-----------------------|--|
| Agency Name | |
| Address | |
| City, State, Zip code | |

In the event that the above proposing agency receives funding, we agree to the following:

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

We understand that this information may be verified by the Long Beach Department Health and Human Services.

Authorized Signatory of Proposing Agency

Title

Date

Authorized Signatory of Cooperating Agency

Title

Date

Attachment GI

Justification for No Letters of Intent

(1 page)

Attachment H

Service Location and Client Residency

| | |
|-----------------|--|
| Agency Name | |
| Agency Director | |

I certify, by my signature below, that the above named agency is located in Long Beach and that a majority of its prevention clients are from the greater Long Beach area (i.e., Long Beach, Bellflower, Lakewood, Wilmington).

Signature of Agency Director

Date

Attachment I

Proof of Non-Profit Status

(No Page Limit)

Place proof of non-profit status following Attachment I (this form) in the proposal.

Attachment J

Certification of Financial Stability

| | |
|-----------------|--|
| Agency Name | |
| Agency Director | |

I certify, by my signature below, that the above named agency has the financial ability to operate the program described in this proposal for a period of ninety (90) days prior to reimbursement.

Signature of Agency Director

Date

Attachment K

References

(3 limit references required)

EXHIBITS 1-5

Exhibit I

No Conflict of Interest Certification

| | |
|------|--|
| Name | |
|------|--|

I, as an individual involved in the evaluation process of the Long Beach Department of Health and Human Services RFP EP-05, by my signature below, do hereby certify that I have no financial or other interests in any applicant agency that would compromise my objectivity in the review process.

Signature

Date

Exhibit 2

Review Panel Instructions

Please complete and sign the "No Conflict of Interest Form" certifying that you have no financial or other interest in any of the agencies whose proposals you are evaluating.

Proposals have already been reviewed to insure that the agency is an eligible service provider and that the proposal is in the proper format and contains all of the required forms and narratives.

Prior to the facilitated discussion meeting, please review each proposal carefully and assign a score from zero to 100 for each using the criteria outlined in the evaluation tool provided to you. You will be rating five sections of each proposal: Agency Capability, Program Description, Scope of Work, Budget and Budget Justification. The maximum points for each criterion within each section is indicated in the "Maximum Points" column of the evaluation tool. Please provide a score between zero and the maximum point value for each criterion (0 being poor and the maximum point value being excellent). If the proposal fails to address the criterion, the score for that item should be zero.

In the Comments section, please note the specific reasons for your scoring. This will be especially helpful to the entire review panel during the facilitated discussion phase of the evaluation.

After all review panel members have individually rated each proposal, the review panel will meet as a group to participate in a facilitated review phase. During the facilitated review, individual scores, strengths, and weaknesses will be discussed. The review panel must then reach consensus as to the score, strengths, and weaknesses of each proposal. Based on the composite rating and Consortium priorities, the review panel shall develop funding recommendations.

**Exhibit 3
Evaluation Tool**

| | |
|--------------------------|--|
| Review Panel Member Name | |
|--------------------------|--|

| | |
|-------------|--|
| Agency Name | |
|-------------|--|

Proposal Rating Summary

| Section | Maximum Points | Individual Rating |
|---------------------------------|----------------|-------------------|
| Agency Capability | 30 | |
| Program Description | 35 | |
| Scope of Work | 25 | |
| Budget and Budget Justification | 10 | |
| Total | 100 | |

Proposal Strengths/Weaknesses

| |
|--|
| |
|--|

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Exhibit 3
Evaluation Tool

Agency Capability--Attachment B

| Criterion | Maximum Points | Individual Score |
|---|-----------------------|-------------------------|
| This section gives a clear description of the agency's HIV prevention and related services currently provided. | 5 | |
| This section gives a clear description of the agency's experience providing proposed HIV/AIDS prevention services and any related services. | 5 | |
| This section gives a clear description of the agency's experience and understanding of the target population and its needs. The applicant has at least 3 years of experience targeting and successfully engaging intended target risk groups. | 5 | |
| This section provides evidence of the agency's success in delivering services to target populations. | 5 | |
| This section describes the agency's ability to conduct evaluation and program quality management. | 5 | |
| This section describes the agency's collaboration with other community service providers and related coalitions. | 5 | |
| Total | 30 | |
| Strengths/Weaknesses | | |

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Exhibit 3
Evaluation Tool

Program Description--Attachment C

| Criterion | Maximum Points | Individual Score |
|--|-----------------------|-------------------------|
| This section gives a clear description of the population to be served and explains how that population is in need of proposed services. | 5 | |
| This section gives a clear description of the intervention strategies to be used and their relevance to the strategies and interventions guidelines contained in the RFP and in the <i>Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings Long Beach HIV/AIDS Care and Prevention Needs Assessment</i> . | 5 | |
| This section gives a clear description of the proposed project and its relevance to priorities described in the <i>Comprehensive HIV Plan – Summary of Priorities and Needs Assessment Findings Long Beach HIV/AIDS Care and Prevention Needs Assessment</i> | 5 | |
| This section outlines a service delivery plan with a realistic and appropriate scope of work in relation to program staffing and requested funding. | 5 | |
| This section describes similar services being provided in the Long Beach area and a sound justification for the provision of additional similar services. | 5 | |
| This section gives a clear description of an evaluation plan that relates to the project's goals and objectives. | 10 | |
| Total | 35 | |
| Strengths/Weaknesses | | |

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Exhibit 3
Evaluation Tool

Scope of Work--Attachment D

| Criterion | Maximum Points | Individual Score |
|--|-----------------------|-------------------------|
| The scope of work clearly identifies goals and detailed, complete, concise, clear, and appropriate program objectives to support the goals. | 5 | |
| The scope of work proposes implementation activities that are realistic and clear and will likely lead to successful achievement of the proposed objectives and the projected units of service to be provided. | 5 | |
| The scope of work provides clear evaluation methods that can be used throughout the term of the contract. | 5 | |
| The scope of work demonstrates an acceptable and realistic time frame for implementation of services. | 5 | |
| The scope of work corresponds with the Program Description (Attachment C). | 5 | |
| Total | 25 | |
| Strengths/Weaknesses | | |

**Exhibit 3
Evaluation Tool**

Budget and Budget Justification--Attachments E & F

| Criterion | Maximum Points | Individual Score |
|--|-----------------------|-------------------------|
| The budget and budget justification clearly relate to the Program Description (Attachment C) and the Scope of Work (Attachment D). | 5 | |
| The budget and budget justification outline costs that are reasonable, realistic, and provide for the most efficient use of funds. | 5 | |
| Total | 10 | |
| Strengths and Weaknesses | | |

Exhibit 4

Proposal Evaluation Summary Sheet

| | |
|---------------|--|
| Agency | |
| Project Title | |

| | |
|----------------------------|--|
| Pass/ Fail Rating | |
| Composite Score | |
| Funding Requested | |
| Recommended Funding | |

Composite Strengths

| |
|--|
| |
|--|

Composite Weaknesses

| |
|--|
| |
|--|

Project Description

| |
|--|
| |
|--|

Exhibit 5
RFP EP-05
Proposal Checklist

All proposals must include all attachments as specified in this RFP and as listed below. Proposals must be organized in the order listed below and all formatting requirements as specified in this RFP must be followed. This checklist is a tool to assist you in organizing and completing your proposal; it does not need to be included with your proposal.

| Completed | Section |
|------------------|---|
| | Table of Contents--Do not forget to number all pages of the proposal. |
| | Attachment A: Proposal Cover Sheet |
| | Attachment B: Agency Capability |
| | Attachment C: Program Description |
| | Attachment D: Scope of Work |
| | Attachment E: Budget |
| | Attachment F: Budget Justification |
| | Attachment G or G1: Letters of Intent or Justification for No Letters of Intent |
| | Attachment H: Service Location and Client Residency |
| | Attachment I: Proof of Non-Profit Status |
| | Attachment J: Certification of Financial Stability |
| | Attachment K: References |